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Image# 201512179004256599

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	monzea committe	,e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	g, type	12FE4M5	
LifePoint Health, Inc. P.	AC				
			1 1 1 1		
ADDRESS (number and street)	330 Seven Springs Way				
Check if different					
than previously reported. (ACC)	BRENTWOOD			TN L	37027
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲		STATE A	ZIP CODE ▲
C C00347955			IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			un 20 (M6)	Sep :	20 (M9) X Dec 20 (M12) (Non-Election Year Only)
April 15		r 20 (M4)	ul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (1	12S)
Quarterly Report (Q3	Florid	on on	D D /	Y Y Y	in the
Year-End Report (YE July 31 Mid-Year Report (Non-election	(d) 30-Day	General (30G	. [Runoff (3	
Year Only) (MY) Termination Report	Report for the:	defieral (ooc	,	riunon (S	ori) Special (303)
(TER)	Electi	on on	D D /	Y . Y . Y . Y	in the State of
5. Covering Period 11	01 2015	through	M M M	30	2015
I certify that I have examined this	s Report and to the best o	f my knowledge and b	elief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Penny Brake				
Signature of Treasurer Penny	Brake	[Electronically	Filed]	ate 12	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the pers	on signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name LifePoint Health, Inc. PAC 2015 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 145180.70 January 1, 2015 (b) Cash on Hand at 181138.50 Beginning of Reporting Period..... 151172.74 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 181138.50 296353.44 6(a) and 6(c) for Column B)..... 8919.22 124134.16 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 172219.28 172219.28 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LifePoint Health,	Inc.	PAC
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Report Covering the Period: From: 11	01 2015 To	: 11 30 2015	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	0.00	140787.25	
(ii) Unitemized(iii) TOTAL (add	0.00	10385.00	
Lines 11(a)(i) and (ii)▶	0.00	151172.25	
(b) Political Party Committees	0.00	0.00	
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	0.00	151172.25	
2. Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
4. Loan Repayments Received 5. Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made to Federal Candidates and Other			
Political Committees 7. Other Federal Receipts	0.00	0.00	
(Dividends, Interest, etc.)	0.00	0.49	
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	151172.74	
D. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	151172.74	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tille I Gliou	Calcilual Teal-10-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	19.22	625.16	
(c) Total Operating Expenditures	10.22	020.10	
(add 21(a)(i), (a)(ii), and (b))▶	19.22	625.16	
Transfers to Affiliated/Other Party			
Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	6000.00	89800.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loan nepayments Made	7 7		
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
		0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00		
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	2900.00	33709.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	3.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8919.22	124134.16	
Total Federal Disbursements	,		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	8919.22	124134.16	
	7		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	151172.25	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	151172.25	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19.22	625.16	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	19.22	625.16	

SCHEDULE B (FEC Form 3X)	Lloo concrete achadula (-)	FOR LINE NUMBER: PAGE 6		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b		23 24 25 26
	Dotailog Outlittially I age	27	28a 2	28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			
LifePoint Health, Inc. PAC				
Full Name (Last, First, Middle Initial) A. Regions (formerly AmSouth)			Date of Disk	oursement
Mailing Address 915 Deaderick Street			11 09 2015	
City S	tate Zip Code			
Nashville	TN 37237		Transactio	on ID : SB21B.9980
Purpose of Disbursement account analysis charge			Amount of E	Each Disbursement this Period
Candidate Name		Category/ Type		19.22
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B.			Date of Disb	pursement
Mailing Address		M = M		M / D D / Y Y Y Y
City	state Zip Code			
Purpose of Disbursement			Amount of F	Each Dichurcament this Pariod
Candidate Name		Category/ Type	Amount of Each Disbursement this P	Lacii Disbursement tins Fenou
President	nent For: Primary General Other (specify)	.,,,,,	,	,
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disb	oursement
Mailing Address				
City S	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	,,	,	
SUBTOTAL of Disbursements This Page (optional)				19.22
TOTAL This Period (last page this line number only).				19.22

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: P.	AGE 7 OF 9
T			Use separate schedule(s) for each category of the		one)	
•			category of the Summary Page	21b	22 🗙 23 24	25 26
		Botanoa	ourimary rago	27	28a 28b 28c	29 30b
	ny information copied from such Reports and Statem					
or	for commercial purposes, other than using the nam	e and addr	ess of any politica	al committee to	solicit contributions from su	uch committee.
	NAME OF COMMITTEE (In Full)					
\rangle	LifePoint Health, Inc. PAC					
<u>/_</u>	,					
_	Full Name (Last, First, Middle Initial)					
Α.	Democratic Senatorial Campaign				Date of Disbursement	
					M M / D D /	Y Y Y Y Y
	Mailing Address 120 Maryland Avenue NE				11 23	2015
	City	State	Zip Code			
	-	DC	20002		Transaction ID : SB23.	9978
	Purpose of Disbursement		20002			
	fund raiser				Amount of Each Disburs	ement this Period
	Candidate Name			Cotogomy		
				Category/ Type		1000.00
	Office Sought: House Disbursem	nent For:		71	,	
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			
	State: District:					
	Full Name (Last, First, Middle Initial)					
В.	FORWARD TOGETHER PAC				Date of Disbursement	
					M = M / D = D /	Y Y Y Y
	Mailing Address 201 North Union Street				11 11	2015
	Suite 300					
	City	State	Zip Code		Transaction ID : SB23.	.9977
	•	\ / A				
	Alexandria	VA	22314			
	•	VA	22314			ement this Period
	Alexandria Purpose of Disbursement fund raiser	VA	22314		Amount of Each Disburs	ement this Period
	Alexandria Purpose of Disbursement	VA	22314	Category/		ement this Period
	Alexandria Purpose of Disbursement fund raiser Candidate Name		22314	Category/ Type		
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem	nent For:				
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate	nent For: Primary	General			
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate	nent For:	General			
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate President State: District:	nent For: Primary	General			
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate President	nent For: Primary	General			
<u> </u>	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate President State: District:	nent For: Primary	General		Amount of Each Disburs	
— С.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disbursem Senate President State: District:	nent For: Primary	General		Amount of Each Disburse	5000.00
c.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	nent For: Primary	General		Amount of Each Disburse	5000.00
С.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	nent For: Primary	General		Amount of Each Disburse	5000.00
С.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S	nent For: Primary Other (spec	☐ General		Amount of Each Disburse	5000.00
c .	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	nent For: Primary Other (spec	☐ General		Amount of Each Disburse	5000.00
С.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement	nent For: Primary Other (spec	☐ General		Amount of Each Disburse	5000.00
c.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S	nent For: Primary Other (spec	☐ General	Type Category/	Amount of Each Disburse Date of Disbursement	5000.00
C .	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name	nent For: Primary Other (spec	☐ General	Type	Amount of Each Disburse Date of Disbursement	5000.00
C.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursement	nent For: Primary Other (spec	General cify) ▼ Zip Code	Type Category/	Amount of Each Disburse Date of Disbursement	5000.00
c.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate	nent For: Primary Other (spec	General Zip Code General	Type Category/	Amount of Each Disburse Date of Disbursement	5000.00
c.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President Disbursement	nent For: Primary Other (spec	General Zip Code General	Type Category/	Amount of Each Disburse Date of Disbursement	5000.00
C.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate	nent For: Primary Other (spec	General Zip Code General	Type Category/	Amount of Each Disburse Date of Disbursement	5000.00
C.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	nent For: Primary Other (spec	General cify) ▼ Zip Code General cify) ▼	Type Category/ Type	Amount of Each Disburse Date of Disbursement	5000.00
C.	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President Senate President Disbursement	nent For: Primary Other (spec	General cify) ▼ Zip Code General cify) ▼	Type Category/ Type	Amount of Each Disburse Date of Disbursement	5000.00 Y Y Y Y ement this Period
	Alexandria Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	nent For: Primary Other (spec	General cify) ▼ Zip Code General cify) ▼	Category/ Type	Amount of Each Disburse Date of Disbursement	5000.00 Y Y Y Y ement this Period

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 8 OF 9
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny		¬ ¬
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c X 29 30b
Assistance discoveried from south December and Obstance				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
LifePoint Health, Inc. PAC				
Full Name (Last, First, Middle Initial)				
A. Darrell Ourso Campaign Fund			Date of Disburseme	ent
Mailing Address PO Box 66765			M M / D D	2015
Mailing Address PO Box 66765			11 10	2015
City	State Zip Code			
Baton Rouge	LA 70896		Transaction ID : S	SB29.9971
Purpose of Disbursement				
campaign			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		500.00
Darrell Ourso Campaign Fund Office Sought: House Disbursen	nent For: 2015	Туре		
	Primary General			
	Other (specify) ▼			
State: LA District: 66	Runoff			
Full Name (Last, First, Middle Initial)				
B. Jeff Arnold Campaign			Date of Disburseme	ent
M. W. Ald			M = M / D = D	/
Mailing Address 3520 General DeGaulle Dr Box #2			11 10	2015
	State Zip Code			
New Orleans	LA 70114		Transaction ID : S	SB29.9975
Purpose of Disbursement				
campaign			Amount of Each Dis	sbursement this Period
Candidate Name Jeff Arnold Campaign		Category/		500.00
	nent For: 2015	Type		
	Primary General			
President	Other (specify) ▼			
State: LA District:	Runoff			
Full Name (Last, First, Middle Initial)				
^{C.} Jimmy Harris Campaign Fund			Date of Disburseme	
Mailing Address PO Box 871092			11 10	2015
Mailing Address PO Box 67 1092			11 10	2010
City	State Zip Code		Transaction ID : S	SP20 0072
	LA 70187		Transaction ib . S	5629.9973
Purpose of Disbursement campaign				
Candidate Name			Amount of Each Dis	sbursement this Period
Jimmy Harris Campaign Fund		Category/ Type		500.00
	nent For: 2015	.,,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: LA District: 99	Runoff			
 				1500.00
SUBTOTAL of Disbursements This Page (optional)		·····•		1300.00
TOTAL This Period (last page this line number only)				
(/ /				

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 9 OF 9
TEMIZED DISBURSEMENTS	Use separate schedule for each category of the	he (official offin)	
	Detailed Summary Page	ge \square^{210}	22 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
LifePoint Health, Inc. PAC			
/			
Full Name (Last, First, Middle Initial)			
^{A.} Joe Harrison Campaign Fund			Date of Disbursement
Mailing Address 5642 Hwy 1			11 10 2015
Mailing Address 5642 Hwy 1			11 10 2015
City	State Zip Code		
Napoleonville	LA 70390		Transaction ID: SB29.9972
Purpose of Disbursement			
campaign		_	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Joe Harrison Campaign Fund Office Sought: House Disburse	ment For: 2015	Туре	
Senate Sought.	Primary General	al	
President	Other (specify) ▼		
State: LA District: 51	Runol	ff	
Full Name (Last, First, Middle Initial)			
B. Paula Davis Campaign			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 7575 Jefferson Hwy #45			11 10 2015
City	State Zip Code		
Baton Rouge	LA 70806		Transaction ID : SB29.9974
Purpose of Disbursement			
campaign		_	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Paula Davis Campaign Office Sought: House Disburse	ment For: 2015	Туре	7 7
Senate Seagni.	Primary General	al	
	Other (specify) ▼		
State: LA District: 69	Runo	ff	
Full Name (Last, First, Middle Initial)			
ruli Name (Last, First, Middle Initial)			
C. WHA Political Action Committee			Date of Disbursement
C. WHA Political Action Committee			M M / D D / Y Y Y
Mailing Address 2005 Warren Avenue	State Zip Code		11 11 2015
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne	State Zip Code WY 82003		M M / D D / Y Y Y
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement	·		11 11 2015
City Cheyenne Purpose of Disbursement fund raiser	·		11 11 2015
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement	·	Category/	11 11 2015 Transaction ID : SB29.9976
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name	WY 82003	Category/ Type	Transaction ID : SB29.9976 Amount of Each Disbursement this Period
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name	WY 82003 ment For:	Type	Transaction ID : SB29.9976 Amount of Each Disbursement this Period
C. WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name Office Sought: House Disburse	WY 82003 ment For:	Type	Transaction ID : SB29.9976 Amount of Each Disbursement this Period
C: WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate	ment For: Primary General	Type	Transaction ID : SB29.9976 Amount of Each Disbursement this Period
Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President	ment For: Primary General	Type	Transaction ID : SB29.9976 Amount of Each Disbursement this Period 400.00
Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President	ment For: Primary General Other (specify)	Type al	Transaction ID : SB29.9976 Amount of Each Disbursement this Period
C: WHA Political Action Committee Mailing Address 2005 Warren Avenue City Cheyenne Purpose of Disbursement fund raiser Candidate Name Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	Type al	Transaction ID : SB29.9976 Amount of Each Disbursement this Period 400.00